



LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

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APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **February 4, 2008**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Susan F. Friedman
Helen A. Kleinberg
Dr. La-Doris McClaney
Tina Pedersen
Sandra Rudnick
Adelina Sorkin
Dr. Harriette F. Williams
Trula J. Worthy-Clayton

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Ann Franzen
Rev. Cecil L. Murray
Stacey Savelle

APPROVAL OF AGENDA

The agenda for the February 4, 2008, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the January 7, 2008, meeting were unanimously approved.

CHAIR'S REPORT

- **Commissioner Biondi moved to approve the Commission's 2006–2007 annual report; Commissioner McClaney seconded the motion, and it was unanimously approved.** Chair Sorkin thanked Commissioner Kleinberg for her help with the report.

- **Commissioner McClaney moved to schedule a brief special meeting of the Commission on March 3, 2008, at 8:30 a.m., prior to the cultural diversity and sexual harassment training that begins at 9:00 a.m. Commissioner Williams seconded the motion, and it was unanimously approved.**
- Department of Children and Family Services director Trish Ploehn has invited the Commission to hold its March 17 meeting at the new Vermont Corridor office, where four county departments are co-located (DCFS, Public Social Services, Child Support Services, and Mental Health). Ms. Ploehn's thought was that managers from those departments could make presentations at the meeting, and Commissioners could tour the facility. However, the building's conference room is quite small, and Commissioner Williams fears that SPA 6 community members—who can be expected to attend any meeting in that area in large numbers—could not be accommodated. The possibility of touring the Vermont Corridor building but actually meeting elsewhere in SPA 6 will be explored, and Commissioners may vote on March 3 on any proposed change of venue. For the time being, however, **Commissioner McClaney moved that the March 17, 2008, Commission meeting be held at the Vermont Corridor office of DCFS. Commissioner Friedman seconded the motion, and it was approved by a vote of 7 to 2.**

DIRECTOR'S REPORT

Joi Russell, deputy director for DCFS's Service Bureau 1, reported on behalf of director Trish Ploehn.

- The proposed state budget contains an 11.4 percent cut in child welfare services for fiscal year 2008–2009, with further cuts to DCFS expected from Los Angeles County. If these provisions are enacted, funding for child welfare would decrease by more than \$25 million, slashing treatment services and social work positions. The Child Welfare Directors Association is gathering support for making child welfare a priority in the budget process, and Ms. Ploehn's office will keep Commissioners informed.
- Upon the retirement of Claudine Crank on February 28, Susan Kerr will move from being DCFS's chief deputy director into the position of administrative director overseeing finance and administration. Ms. Kerr's experience in budgeting and finance will be invaluable to the department's continued focus on fiscal matters.
- On December 3, Ms. Ploehn briefed Commissioners on the creation of the statewide Child Welfare Council, which had its first meeting in November and is overseen by Chief Justice Carlos Moreno and California Health and Human Services Agency head Kim Belshé. The council's 51 appointed members include four from Los Angeles: Ms. Ploehn, Judge Michael Nash, Leslie Heimov of the Children's Law Center, and David Green, a children's social worker in DCFS's adoption division who represents union interests. In the council's work, Ms. Ploehn and Judge Nash want to focus on the theme of permanency, either keeping children safe in their own homes or locating stable families when that cannot occur.

During January's Child Welfare Directors Association Children's Committee meeting, county representatives focused on two priorities: 1) developing an action plan for addressing the caseload/workload challenges faced by local child welfare agencies, which are considered the fundamental barrier to improving child welfare outcomes; and 2) developing a plan to require that all publicly funded partner agencies that provide services critical to the success of children and families in or at risk of entering the child welfare system prioritize those families for their services. To prepare for the next council meeting, members have been asked to solicit managers and important stakeholders for assistance in building support and consensus on these two priorities.

Ms. Ploehn also wants to know what Commissioners believe the council should hear in terms of local priorities, and Commissioners suggested the following issues:

- ✓ **Visitation** between children and their parents, a cornerstone of successful reunification
- ✓ **Connecting families to existing community resources**, including faith-based organizations that are eager to help
- ✓ Enrolling young children in **early childhood education** programs
- ✓ Accessing funding streams for **drug and alcohol treatment** and connecting families to those programs
- ✓ Working with schools and school districts to smooth the transition in children's **education** when they move from one foster home to another, intervening so children are not suspended or expelled if they have trouble adjusting
- ✓ Providing in-home parenting support services—incorporated into visitations or offered by community-based organizations—that teach better **parenting skills** and address the needs of individual families outside of a classroom setting

If Commissioners think of other issues, Ms. Russell encouraged them to let Ms. Ploehn or Susan Jakubowski know by the first week of March.

- A copy of a *Daily News* article on runaway reduction was distributed, and Commissioners will hear a presentation from the runaway unit and the Permanency Partners Program (P3) in April. Commissioners asked for specific information on:
 - ✓ How many DCFS children have run away and from where (foster homes, group homes, etc.)
 - ✓ How many have been located and how many are still unfound
 - ✓ Where these runaways have ended up (at home, with friends, etc.)
 - ✓ At what point efforts to find them are abandoned
 - ✓ How many enter the juvenile justice system while AWOL from DCFS
 - ✓ A full age breakdown

- Commissioners are invited to the Dental Summit being held in collaboration with Supervisor Mike Antonovich's office at the Los Angeles County Arboretum on February 14, from 9:00 a.m. to 12:00 noon. Concerned about orchestrating dental care for foster children in the same way that health and mental health care is being standardized, DCFS medical director Dr. Charles Sophy is using the summit to pull together Denti-Cal providers, pro bono dentists who would like to become involved, representatives from local schools of dentistry, and experts from UCLA and USC to agree on a common mission—how to align dental providers with the medical hubs, and get children referred for care. (Eye care is next on his list.)

Although every child in Medi-Cal is automatically enrolled in Denti-Cal, providers revolve in and out of that system and subsidized care is often not readily available. County general funds or a discretionary fund set aside for orthodontia are often tapped, and more monies are used for routine care every year. Through smoothing out insurance bumps, creating incentives for dental providers to participate in Denti-Cal, soliciting more pro bono work, and raising awareness on a legislative level, Dr. Sophy hopes to improve the system in Los Angeles County. Two administrative dentists from the state health system will attend the summit, and a regularly updated list of providers, for both routine care and specialty services, is planned. Dr. Sophy is also in contact with several organizations that provide mobile dental care.

At a recent meeting, Commissioner Williams heard an impassioned plea from a caregiver whose teen had been promised both tutoring and dental care, neither of which had been received; Dr. Sophy will follow up on that case personally. Ms. Jakubowski will provide Commissioners with a list of items that can be requested from the children's trust fund, which is administered through Michael Rauso's section.

- A pilot project starting in late February in the Lakewood office will assign one public health nurse to each supervising children's social worker's unit, to help create continuity in tracking children's progress and in wrapping resources around families. Historically, public health nurses in the regional offices have been employed by either DCFS or the Department of Public Health (or the Department of Health Services, prior to the separation of those departments), but because of funding issues, their functions were somewhat different—DCFS nurses could see children before and after they were detained, while DPH nurses could see only detained children or those out of the home of the parent. With the recent support of the Board of Supervisors for 20 DPH nurses, and the increased county money involved, 20 out of the 70 DPH nurses can now see the same children that DCFS nurses do. Satisfaction surveys and other tools are planned to evaluate the pilot, with an eye to rolling out the one-nurse-one-unit concept throughout the department. Dr. Sophy promised Commissioners an update in a month or so.

DISPROPORTIONALITY

USC professor Jacquelyn McCroskey distributed copies of “Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes,” an academic paper that will be published soon in *Child Welfare*, a premier journal in the field.

Researchers from the Children and Family Research Consortium—a partnership between DCFS and five Los Angeles–area universities with graduate schools of social work—spent a year evaluating the point of engagement initiative in the Compton and Wateridge offices of DCFS, in part by interviewing social workers, community partners, and families about how the initiative was changing relationships and ways of doing business in both offices. When the study began, researchers did not realize that the disproportionate numbers of children of color in the child welfare system would become so apparent, but by the end, it was clear that not only were children of color entering the foster care system at higher rates than their proportion in the general population, they were also experiencing different kinds of services once in the system.

In the early 1990s, Latino children were generally seen only in DCFS’s emergency response unit, and children who stayed the longest in the system tended to be African-American; ten years ago, African-Americans were 50 percent of the DCFS caseload and Latinos 36 percent. Over the last decade, those numbers have switched, with more Latino children entering the system—and immigration status contributing to placement issues for many—in a mirror of the rise of Latinos in the general county population.

Asian/Pacific Islander populations have also grown within the county, while the African-American population has decreased somewhat. Currently, out of 36,000 DCFS children, 12.9 percent are white, 42.7 percent are Latino (a number approximately proportional to Latinos in the general population), 30.6 percent are African-American, 2.2 percent are Asian/Pacific Islander, and .5 percent are American Indian or native Alaskan.

A 2004 national study found that children of color, although only one-third of the overall population, represented 55 percent of the children in foster care. In 2006, African-American children were 7.3 percent of the population in California, but made up 13 percent of child welfare referrals and 31 percent of the children in care. According to many years of Children’s ScoreCard data, African-American and American Indian children are disproportionately admitted into Los Angeles County’s child welfare system, as are some subgroups of Asian/Pacific Islander children whose small numbers make tracking more difficult, among them Hmong, Vietnamese, and Samoans. (Other subpopulations need further study, including Latinos who are of other than Mexican heritage, as not enough data is available to know if a problem exists.)

Office by office, DCFS gathers data on race/ethnicity and age at a multitude of decision points in a child’s involvement with the system where bias can occur—hotline referrals, whether an allegation is substantiated or not, if a family receives voluntary services or a case goes to court, if a child is removed, what kind of out-of-home care the child goes to, and so on. Consortium researchers worked with DCFS’s information technology services section to develop a flow chart that accurately reflected Compton’s and Wateridge’s case

procedures, but the research contract expired before the data could be fully analyzed. Funds are needed both for programmers and for social workers to translate any analysis into real-world terms.

Disproportionality is even more extreme in the juvenile justice system than in DCFS, Commissioner Biondi said, and Probation continues to implement policies that negatively affect families, such as charging thousands of dollars for six months at probation camp and identifying boys of color as 'brain damaged' but providing no treatment. The state recently granted the Probation Department half a million dollars to examine disproportionality, but little has been done to date, and Commissioner Biondi suggested that Commissioners mount a case to use those grant monies for analyzing the existing DCFS data.

According to Dr. McCroskey, another study recently examined two years of data on Los Angeles County 'crossover youth' who move from DCFS to Probation, finding that part of the disproportionate African-American population results from DCFS referrals. If that study is available for distribution, she will send it to the Commission.

Commissioner Williams brought up the institutionalized racism that functions across many systems, questioning whether one system by itself could solve the problem. DCFS new-hires, she said, tend to be young people fresh out of college, going into the homes of families in poverty, many black and Latino, that are at the far end of the socio-economic spectrum from what most are prepared to see. Dr. McCroskey agreed that a DCFS effort could not change institutional racism, but many factors can bias decision-making. Researchers found a huge difference between the Compton and Wateridge offices in terms of what was focused on and how, and what got reinforced, even though point of engagement was theoretically being implemented in the same way in both places. How supervisors manage their staff and reinforce line decisions, and whether they support the soul-searching that caseworkers engage in, percolates all through an organization, Dr. McCroskey said, and determinations do not rely solely on individual caseworkers.

Along with reliable data, the Center for the Study of Social Policy has found that states making progress in reducing disproportionality also have:

- A visible entity—generally a public/private partnership with the political will to promote institutional buy-in—charged with addressing the issue and continuing to ask questions
- Multiple strategies, not just training, that are interrelated with changes that are needed to improve child welfare services for *all* children and families
- Partnerships with communities

Dr. McCroskey saw the last element in the Compton office, where community partnerships are particularly important. Many county agencies concentrate only on the contractual obligations delineated for their partners, but Compton has truly taken advantage of what community partners offer, with workers speaking of how those relationships have dramatically changed every aspect of what they do. Although Wateridge is virtually right next door to Compton, community agencies said their relationships were interpreted very

differently in the two offices. When agency staff arrived at Wateridge for team decision-making conferences, for example, they were often left in the reception area without being invited in, and meetings began without them.

Though she recognizes that each office has its own personality and management style, Dr. McCroskey believes that reforming the DCFS culture as a whole and working diligently on community partnerships is at least part of the answer to addressing disproportionality. With highly mobile populations and varying waves of immigrants, a large bureaucracy simply can't keep up as well as grassroots organizations can. She suggested that every office listen regularly to its social workers, community partners, and families—are they being heard? feeling respected?—to see how its work is being perceived. Right now, DCFS offices are all at very different places in terms of reducing disproportionality and eliminating bias, and their front-line work is just as important as tracking progress on mandated Federal indicators.

At Commissioner Kleinberg's request, Dr. McCroskey promised the Commission the consortium's data flow chart and its recommendations for decision points at which data should be collected.

CHILD FATALITY PROTOCOLS

Jonathan Byers, chief of DCFS's risk management division, reviewed the history of the critical incident and child fatality section, which analyzes child deaths in terms of case management practices and needed training opportunities. The section was created in 2003 and is now managed by Cassandra Turner. Prior to that, three line staff from the regional offices served as serious incident analysts in 2001–2002, preceded by the child fatality review board in the 1990s. Protocols have changed over time, driven both by the Commission's work and by conversations with Board deputies, and the section's current protocols were sent to Commissioners last week. Mr. Byers also distributed a one-page flow chart covering the decision points during the first 90 days following a child fatality.

When a call about a child's death comes in to the child protection hotline, hotline staff send an e-mail alert to the child fatality section, which determines if the deceased child (or his or her family) have current or prior DCFS involvement. If so, the section notifies the Board of Supervisors and the Children's Commission and initiates a preliminary review within 48 hours, informed by a fact sheet from the case-carrying regional office. If a suspicion exists that the death was due to abuse or neglect by the child's caretaker, the section schedules a full child death review team meeting within the next 30 days.

At this point, neither the police report nor the coroner's report is available, although, depending on the circumstances of the death, some of the 63 law enforcement agencies active in the county may allow investigating detectives to speak with DCFS staff. A wide net is thrown to gather information for the child death review team, including interviews with collateral parties, medical records, documentation of prior and current case activity, and so on. (The safety of surviving siblings is also investigated and assured.) When the team meeting takes place, it includes all appropriate DCFS social work and medical staff, public health nurses and other child welfare professionals, the Department of Mental

Health, the Inter-Agency Council on Child Abuse and Neglect (ICAN), and external partners (foster family agency or group home staff, perhaps) as appropriate. Team members analyze the case, making suggestions for improved systems and casework practices, and develop a corrective action plan that addresses the root causes of the fatality. This plan then goes for further regional office review, and the regional office prepares the standard 30-day report to the Board of Supervisors. (If violations of existing protocols are found, the case is referred to an internal affairs investigation and to the performance management section as well.) Following the implementation of the corrective action plan, the child fatality section sends a 90-day report to the Board that includes plan updates, the review team's findings, the coroner's report, and reports from law enforcement, along with news of any surviving siblings.

Commissioners commented on the importance of staff interviews with relatives, teachers, and others who knew the deceased child, seeing that as a training issue, and Ms. Turner said that a department-wide FYI notice has been circulated to the regional offices about collateral contact. The new practice with child deaths is to assign emergency response workers, rather than case-carrying workers, responsibility for fatalities, but case-carrying workers and other regional staff remain involved.

Because DCFS formally reviews only the deaths of children with current or prior departmental involvement, and only when there is a suspicion that the death was due to abuse or neglect by the child's caretaker, just a fraction of child deaths in the county come to the section's attention. Suicides, for example, seldom qualify, unless there is evidence that they were attributable to caregiver abuse. If a youngster was on medication or had medical issues, the review is often shifted to Dr. Sophy's office, which is better equipped to understand the issues. Deaths resulting from co-sleeping may or may not qualify for review—an exhausted mother who falls asleep while breast-feeding and inadvertently suffocates her child would probably not be considered neglectful, but a badly intoxicated parent who rolls over and crushes a newborn might be.

Commissioner Kleinberg asked about young children who die in the hospital from problems they may have had from birth, or those who die at home from what looks like Sudden Infant Death Syndrome (SIDS). If bone fractures are subsequently discovered that may be evidence of abuse, do those cases come back to the department? Mr. Byers assured her that they do, and Ms. Turner also said that DCFS can review deaths from natural causes to ensure that hospital care was appropriate. In addition, if evidence of maltreatment is uncovered in facilities that are licensed to care for children, a report is made to Community Care Licensing. If the regional office suspects abuse in the home of a foster parent, referrals are made to CCL and to the out-of-home care division to re-place any other children living there. (The case of a child who dies while AWOL from placement would likely receive a desk review involving input from the runaway unit worker assigned to the child, along with the regular line social worker and the P3 worker attempting to find the youth. Despite the numbers of runaway youngsters in the delinquency system, those protocols apply only to children in foster care, although Ms. Russell said that DCFS is happy to assist its probation partners.)

Mr. Byers has plans for the future of the critical incident and child fatality section, though he acknowledged that the significant budget cuts currently expected make this an inopportune time to request additional staffing. Some of the changes he envisions can be implemented without further funding, however. He would like the section to:

- Modify its review criteria to screen more critical-incident cases, learning case-work and systems lessons from near-fatalities as well child deaths (this would require more resources)
- Use a new review and analysis tool to ensure consistency and objectivity in documenting cases, assessing potential litigation, identifying the root causes of problems, making corrective action recommendations, and guiding internal affairs investigations (the new tool should be ready by the first of March and can be used regardless of budget issues, though it will be more time-consuming)
- Adjust the corrective action plan process to use an assignment tracking system from the executive office, and evaluate the effectiveness of corrective action plans over time
- Revise initial reports to the Board of Supervisors to include a more comprehensive picture of each child death (a draft of the new report structure will be shared with Board deputies this Friday; it would not require additional resources)

The division has already proposed a number of policy changes that have been adopted, including the requirement that any change of recommendation to the court be written rather than verbal, and that the corresponding electronic document be uploaded into the DCFS computer system, CWS/CMS. Part of any death review is studying the materials provided to the court and assessing how well court reports and recommendations were presented, and whether or not County Counsel supported the motions made. Court hearings can be pivotal, and Commissioner Kleinberg encouraged review teams to read court transcripts to see what was actually said.

PUBLIC COMMENT

Danny Ramos from SEIU Local 721 noted that two of his union members at the DCFS command post had submitted recommendations for improving child death review protocols to DCFS, ICAN, and the state. Mr. Byers had not seen those recommendations, and Mr. Ramos suggested their incorporation into future plans. He also urged Commissioners to hold detailed conversations with people on the front lines who are doing this work.

MEETING ADJOURNED